

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>PH</i>	<i>67814</i>	<i>3/18/53</i>
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>PH</i>	<i>7508</i>	<i>3-18-59</i>

INDEX OF CLAIMS

✓ Rejected N Non-elected
 # Allowed I Interference
 - (Through numeral) ... Canceled A Appeal
 + Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	10/15/50
2	✓	✓	10/15/50
3	✓	✓	10/15/50
4	✓	✓	10/15/50
5	✓	✓	10/15/50
6	✓	✓	10/15/50
7	✓	✓	10/15/50
8	✓	✓	10/15/50
9	✓	✓	10/15/50
10	✓	✓	10/15/50
11	✓	✓	10/15/50
12	✓	✓	10/15/50
13	✓	✓	10/15/50
14	✓	✓	10/15/50
15	✓	✓	10/15/50
16	✓	✓	10/15/50
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18	✓	✓	10/15/50
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31	✓	✓	10/15/50
32	✓	✓	10/15/50
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47	✓	✓	10/15/50
48	✓	✓	10/15/50
49	✓	✓	10/15/50
50	✓	✓	10/15/50

Claim	Final	Original	Date
51	✓	✓	10/15/50
52	✓	✓	10/15/50
53	✓	✓	10/15/50
54	✓	✓	10/15/50
55	✓	✓	10/15/50
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66	✓	✓	10/15/50
67	✓	✓	10/15/50
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69	✓	✓	10/15/50
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73	✓	✓	10/15/50
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77	✓	✓	10/15/50
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79	✓	✓	10/15/50
80	✓	✓	10/15/50
81	✓	✓	10/15/50
82	✓	✓	10/15/50
83	✓	✓	10/15/50
84	✓	✓	10/15/50
85	✓	✓	10/15/50
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87	✓	✓	10/15/50
88	✓	✓	10/15/50
89	✓	✓	10/15/50
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97	✓	✓	10/15/50
98	✓	✓	10/15/50
99	✓	✓	10/15/50
100	✓	✓	10/15/50

Claim	Final	Original	Date
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If more than 150 claims or 10 actions
 staple additional sheet here

Best Available Copy